

# Screening Services – Reactivation of Service Plans

## Final Internal Audit Report

December 2021

Public Health Wales NHS Trust

## Contents

Executive Summary .....	3
1. Introduction .....	4
2. Detailed Audit Findings .....	4
Appendix A: Management Action Plan .....	7
Appendix B: Assurance opinion and action plan risk rating .....	9

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Committee:	Audit & Corporate Governance Committee



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### Acknowledgement

NHS Wales Audit and 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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## Executive Summary

### Purpose

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Trust for the reactivation of screening services in order to provide assurance to the Trust’s Audit and Corporate Governance Committee that risks material to the achievement of the system’s objectives are managed appropriately.

### Overview

We have issued substantial assurance on this area.

One matter requiring management attention related to the need to more formally capture lessons learned.

### Report Classification

Substantial



Few matters require attention and are compliance or advisory in nature.

**Low impact** on residual risk exposure.

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Governance arrangements for reactivation of the Screening Programmes.	Substantial
2 Capture and monitoring of risks	Substantial
3 Staffing levels	Substantial
4 Monitoring and reporting of delivery of reactivated Programmes	Substantial
5 Learning from events	Substantial

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

Key Matters Arising	Assurance Objective	Control Design or Operation	Recommendation Priority
1 Lessons learned log not being maintained	5	Design	Medium

## 1. Introduction

- 1.1 Our review of Screening Services was completed in line with Public Health Wales NHS Trust's (the 'Trusts' of the 'organisation') Internal Audit Plan for 2021/22. The review sought to provide the Trust with assurance that there are effective processes in place to manage the risks associated with the reactivation of specific Screening Services' programmes.
- 1.2 With the onset of the pandemic, in March 2020 the UK Government advised against non-essential social contact and non-essential travel. The Trust's Screening Division undertook a risk assessment on the ability to safely deliver screening programmes, this was considered by the Trust Board and Welsh Government. As a consequence, from 18 March 2020 screening invitations were suspended, and screening clinics cancelled for Diabetic Eye Screening Wales, Wales Abdominal Aortic Aneurysm Screening Programme, Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales. However, Newborn Bloodspot Screening, Newborn Hearing Screening and Antenatal Screening Programmes were not paused. This action was mirrored in Scotland and Northern Ireland.
- 1.3 During the pause period between March and June 2020 the Trust began to plan for the reactivation of screening programmes. A Gantt chart was developed setting out the high-level plan, with more detailed plans for each of the programmes. In addition, the Trust assessed the screening programmes against risk-based categories, which outlined the approach for prioritisation of high-risk patients. Restarting the screening programmes while the pandemic continues means that there was, and continues to be, a high level of uncertainty, with changing situations and circumstances.
- 1.4 The relevant lead Executive Director for the Screening services review is the Director of Health Protection and Screening Services and Medical Director.
- 1.5 The potential risks considered in the review were as follows:
  - Clinical risk to patients if services have been reactivated too early and not been fully risk assessed.
  - Inadequate governance arrangement in place to review the reactivation of screening services.
  - Adequate staffing levels are not in place within the reactivated screening services.

## 2. Detailed Audit Findings

### **Objective 1: The Trust had appropriate governance arrangements in place to make decisions for the reactivation of the screening programmes.**

- 2.1 From the outset of the pandemic, Screening Services COVID Senior Management Team (SMT) meetings were held regularly and were fully documented. The meetings were in respect of the Division's responses and the active planning and management of the reactivation of services.

- 2.2 The meetings were regular and well attended by key personnel which allowed for efficient planning, decision making and undertaking actions to restart programmes in accordance with the planned timescales.
- 2.3 The SMT meeting action outcomes and progress reports were reported to the Trust Business Executive Team (BET) and Quality Safety & Improvement Committee (QSIC) meetings and, where appropriate, the Trust Board.

**Conclusion:**

- 2.4 There were appropriate governance arrangements in place to ensure efficient and effective decisions for the reactivation of the screening programmes. (Substantial Assurance)

**Objective 2: The Trust has an appropriate process in place to capture and monitor risks in relation to the reactivation of screening programmes.**

- 2.5 Risks relating to the reactivation of screening programmes were captured and monitored within the five respective Programmes. This was further enhanced by discussions and analysis within the Screening Division SMT meetings.
- 2.6 Throughout the pause and reactivation period, risks in relation to the reactivation of screening programmes were documented at the Programme and SMT level, and escalated to QSIC, BET and the Board for oversight and monitoring.

**Conclusion:**

- 2.7 The Trust had appropriate processes in place to capture, monitor and report risks in relation to the reactivation of screening programmes. (Substantial Assurance)

**Objective 3: Staffing levels are appropriate to ensure sustainable service delivery now, and as services gradually increase.**

- 2.8 During the earliest stages of the pause period, and through to reactivation of all five Programmes, there was clear evidence of planning at both Programme and Divisional SMT levels which considered the safe and sustainable delivery of services to patients at the point of reactivation.
- 2.9 The planning also aimed to enable the health and safety of staff to be considered (COVID Safe), and to ensure that there were appropriate staffing levels to facilitate the maximum number of patients treated to help reduce the backlog created by the pause and assist in the reduction of patient waiting lists.
- 2.10 After the recommencement of Programme activity, to maintain safe and effective staffing levels and patient safety, progress and subsequent ongoing actions, were reported regularly to BET, QSIC and Trust Board.
- 2.11 The Screening programmes are currently being inhibited due to the ongoing challenge of staff sickness.

Conclusion:

- 2.12 Staffing levels were appropriate to ensure sustainable service delivery as services recommenced and gradually increased, and the safety of staff and patients were considered. (Substantial Assurance)

**Objective 4: Active monitoring and reporting of the delivery of operational screening programmes, including waiting time levels, has been continually undertaken.**

- 2.13 Each Programme compiled a Screening Programme Activity Report (SPAR) which provides details of the waiting times/ 'round lengths' for each Programme. These were regularly reviewed and monitored by the SMT following the respective services being reinstated, and then reported to the Board and Welsh Government. Programme SPARs were supported by recovery plans that outlined how the service actively managed post-reactivation activity.

Conclusion:

- 2.14 Monitoring and reporting of the delivery of operational screening programmes, including waiting time/'round length' activity, has been continually undertaken. (Substantial Assurance)

**Objective 5: The Trust have recorded learning from events during the reactivation of screening programmes.**

- 2.15 The Screening Division needs to formally identify, and capture lessons learned during the reactivation of screening programmes and implement their action outcomes as soon as is practicable. (Matter Arising 1 – Medium Priority)
- 2.16 We note that a new way of working survey was undertaken by the Division and Improvement Cymru, as well as the introduction of a new Business Continuity Plan; both of which contain elements of learning from events identified during the reactivation period.

Conclusion:

- 2.17 A learning action plan should be implemented that will seek to deliver improvement measures and future best practice arising from events occurring during the reactivation of Screening Programmes. (Substantial Assurance)

## Appendix A: Management Action Plan

<b>Matter Arising 1: Learning from events during the reactivation of Screening Programmes (Design)</b>		<b>Impact</b>
<p>Currently, the Screening Programmes are attempting to address the backlog of activity, brought about by the pandemic, against a background of limiting factors such as capacity and the need for enhanced Infection Prevention Control (IPC) measures.</p> <p>The Division has developed a Business Continuity Plan using service issues identified during the pandemic that would need to be actioned in the event of any future pause in Programmes. It has also undertaken a survey outlining recommendations for new ways of working within Screening as a result of the pandemic, which have also been implemented.</p> <p>However, since the reactivation of the screening programmes there has not yet been the time and capacity to consolidate ideas and formally record lessons learned.</p>		<p>Clinical risk to patients if services have been reactivated too early and not been fully risk assessed.</p> <p>Not capturing lessons in a log can result in missed opportunities and mistakes repeated across the screening programmes.</p>
<b>Recommendations</b>		<b>Priority</b>
<p>1.1 The Trust should undertake a lessons learned exercise and maintain an lessons learned log supported by a learning action plan that will seek to identify and implement improvement measures and future best practice arising from events occurring during the reactivation of Screening Programmes. All Screening Programme staff should be able to contribute to it.</p>		<p>Medium</p>
<b>Agreed Management Action</b>	<b>Target Date</b>	<b>Responsible Officer</b>
<p>1.1 We absolutely recognise that we have not had the opportunity to undertake specific lessons learnt exercise around the reactivation of the programmes after the pause although we have revised our business continuity plan with learning from this work. We think that having some protected time to undertake this and then keep a lessons learnt log going forward would be very helpful. However realistically we think that this exercise would be</p>	<p>March 2022</p>	<p>Sharon Hillier and Steve Jenkins.</p>

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possible to take forward in early 2022 rather than within a month. This is due to current workload with recovery, staff pressures and uncertainties of impact around the new variant.		
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## 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:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	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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