Health Protection Division Management Arrangements

Internal Audit Report

May 2023

Public Health Wales NHS Trust

Contents

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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 Health Protection Division following the outcome of the internal review of the health protection operating model.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Areas of further improvement noted in the incident reporting process.

Other recommendations / advisory points are within the detail of the report.

Report Opinion

Substantial

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

Low impact on residual risk exposure.

Assurance summary[1]

Objectives		Assurance
1	There is an appropriate governance structure for reporting and monitoring key areas	Substantial
2	Risk management processes are in place within the division	Substantial
3	The division has incident reporting processes in place	Reasonable
4	Management has reviewed the Health Protection business case for lessons learnt, impact of vacant roles and deviations from the original business case	Substantial

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

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
2	Incident reporting review	3	Operation	Medium

1. Introduction

1.1 Our review of the management arrangements of the Health Protection division was completed in line with the 2022/23 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust').

1.2 The Health Protection division (the 'division') forms part of the Health Protection and Screening Services Directorate. The division consists of the following services:
   • Health Protection/ All Wales Acute Response Service (AWARe)
   • Communicable Disease Surveillance Centre (CDSC)
   • Vaccine Preventable Disease Programme (VPDP)
   • Environmental Health
   • Communicable Disease Inclusion Health Programme
   • Training & Guidance
   • Business & Operation

1.3 In order to enhance the quality and resilience of the Health Protection Out of Hours (OOH) service, OOH staff are currently drawn from across the organisation to the Health Protection division, to be embedded into the Health Protection/AWARe service. Our review did not look at the management arrangements with regard to the OOH staff.

1.4 A business case for the 'Transformation of Health Protection Services in Wales' was produced in November 2020 that 'set out the vision for leading edge health protection services for Wales'. The business case identified the need to recruit to a number of posts within the division and as such, included a request for funding from Welsh Government. Funding was received for 127 WTE urgent/critical workforce resources, and a programme of work was undertaken to recruit the new staff. When the Health Protection Business Case Recruitment programme was closed in October 2021, 112 people had been offered positions. We note that, at the time of our fieldwork, the Trust is reviewing the structure of the Health Protection Division following its recent expansion.

1.5 Last year we reviewed the recruitment process in relation to the business case. This year, our review has focused on the management arrangements for the operation of the division given its recent expansion and restructure.

1.6 The relevant lead for the review is the National Director of Health Protection and Screening Services and Medical Director.

1.7 The potential risks considered in this review are as follows:

   • Governance arrangements are not effective which could result in a service that is not being delivered safely and effectively.

   • Risks materialise as they have not been identified or managed.

2. Detailed Audit Findings

Objective 1: There is an appropriate governance structure with mechanisms for reporting and monitoring key areas including quality & safety, business planning, performance and financial delivery

2.1   The Health Protection Senior Management Team (SMT) is the division's main governance group. It provides an oversight in the delivery of the division's services and is required to meet once a month.

2.2   There are four subgroups which have a reporting line into the SMT, these are:

Subgroup	Frequency of Meeting per ToR
The Quality and Safety Improvement Group (QSI)	Quarterly
The Research and Innovation Group (R&I)	Quarterly
Workforce Group	Monthly
All Wales Acute Response Group (AWARe)	Monthly

2.3   We reviewed the last three meetings of the SMT and confirmed that all meetings were quorate. We also note that the QSI group meet frequently, and meetings reviewed were quorate.

2.4   We confirmed that the quality & safety, business planning, performance and financial delivery elements were reviewed at the SMT meetings, with the support of subgroups, service leads, work streams and the finance business team. However, we identified a number of observations within the governance structure. **(Matter Arising 1 – Low Priority)**

Conclusion:

2.5   Our review of the governance arrangements within the Health Protection division reveals there is a structure in place for the monitoring and reporting of the quality & safety, business planning, performance, and financial delivery of the division. Areas have, however, been identified as highlighted in appendix A, where the arrangement in place requires further reinforcement. **(Substantial Assurance)**

Objective 2: Risk management processes are in place within the division

2.6   The division has a draft datix risk management Standard Operating Procedure (SOP) and a quality framework, both documents are awaiting SMT approval.

2.7   Datix web is used to record divisional risks, and we note that risk management is a standing item at the SMT meeting.

2.8 We understand that as part of the risk management process, the quality and safety officer regularly liaise with risk owners and heads of service across the various areas of the division to consider risk matters. Risks are escalated as required to the Interim Head of Operations who has oversight of the risk register and presents and discusses these risks at the SMT.

2.9 Similar to other risks, risks with a score of between 15 to 25 are either escalated, tolerated, or treated. Where risks have been escalated, they are discussed by the service/ programme lead during the divisional SMT meetings and reflected in the directorate's risk register.

2.10 The risk and information governance team for the organisation manages and reviews the risk appetite and risk scoring using the organisational risk scoring matrix.

Conclusion:

2.11 The Health ~~and~~ Protection Division has a risk register which is regularly updated and presented to the SMT on a monthly basis. All live risks are discussed at the SMT especially risks that have been closed or added since the last SMT. Risks are only closed with approval from the SMT. **(Substantial Assurance)**

Objective 3: The division has incident reporting processes in place

2.12 Incidents are reported and managed on datix with records attached and lessons learnt recorded. Staff have access to enter incidents onto the datix system, they are encouraged to report incidents and share learnings.

2.13 There is a draft divisional SOP for incident reporting, which is awaiting approval from the SMT prior its dissemination.

2.14 There is a standing item within the SMT's monthly agenda for the review of incident reports. In addition, the SMT has oversight of lessons learnt and approves related action plans.

2.15 A number of incident reporting training sessions have been undertaken by staff.

2.16 We tested a sample of five incident management events to confirm that they had been addressed in accordance with the SOP. While all five incidents had been closed within thirty working days of the incident being reported as required, some observations were noted **(Matter Arising 2 – Medium Priority)**

2.17 Themes and trends are shared on a monthly basis and presented at the SMT. It is collated and consolidated alongside other metrics in the Health Protection performance metrics document.

Conclusion:

2.18 The Health Protection division has a good incident reporting process in place for reporting, investigating, highlighting lessons learnt and developing action plans. However, we identified that some work needs to be undertaken to further strengthen the incident reporting within the division. **(Reasonable Assurance)**

Objective 4: Management have reviewed the Health Protection Business Case

2.19 A closure report (which includes lessons learnt) was produced after the business case formally stood down in October 2021. The report was presented to the division's SMT and the executive team. The implementation of the business case and review of outcomes was corporately led by the Project Management Office (PMO).

2.20 The monitoring of outstanding recruitment for the Health Protection Business Case was embedded into the existing directorate governance arrangements. The division was required to undertake monthly monitoring of the recruitment of posts identified in the business case. A tracker was set up for these vacancies which includes key staff responsible and actions to be undertaken.

2.21 A validation exercise was undertaken to establish an organogram. This was a review undertaken to view the previous, current and future structure of the division.

2.22 The finance business partner provides a routine update on recruitment. The recruitment update is presented as a subsection of the finance update agenda item presented at the monthly SMT meeting.

2.23 There is a formal process in place where there are deviations from the business case, however, there was no recall on any deviation from the business case at the time of our fieldwork.

Conclusion:

2.24 The closure report assessed the success of the project, identified best practices for future projects, resolved any open issues, risks or recommendations and formally closed the project. As at March 2023, the division's recruitment level was at 98% establishment. *(Substantial Assurance)*

Appendix A: Management Action Plan

Matter Arising 1: Health Protection governance arrangement review (Operation)	Impact
We reviewed the governance arrangement structure of the Senior Management Team (SMT) and its four sub-groups. We identified a small number of minor matters: • The R&I group ToR does include quoracy information, unlike the other groups. • At the time of our fieldwork the Workforce group's ToR was in draft. In addition, while the group is required to meet each monthly, its last meeting was October 2022. • The monthly AWARe's meetings did not happen in December 2022 and March 2023 due to quoracy matters.	Potential risk of: • Governance arrangements are not effective which could result in a service that is not being delivered safely and effectively.

Recommendations		Priority
1.1	Management should ensure that the ToR for groups have consistent information and have been finalised.	**Low**
1.2	Management should ensure that group meetings take place as required as stated in their respective ToR.	

Agreed Management Action		Target Date	Responsible Officer
1.1	Review, refresh, update and sign off ToRs for all HP Division groups by SMT.	11 July 2023	Head of Operations
1.2	Linked to Action 1.1: - Ensure all groups have appropriate representation and meetings prioritised. - Frequency of meetings firmed up and confirmed	11 July 2023	SMT via Head of Operations

	SMT to closely monitor over the coming 3 months and address deviations and ensure compliance.		

Matter Arising 2: Health Protection incident Reporting Review (Operation)	Impact
We tested a sample of five closed incidents from 31 incidents reported between April 2022 and February 2023 relating to the Health Protection division. We found: • 1/5 incidents had no lessons learnt. • 2/5 incidents were 'made safe' in a timeframe longer than the required 72 hours (3 days) that is identified in the policy (one was 5 days, one was 6 days). • For 1/5 incidents the action plan documentation was not complete within datix. We also note that for two investigators, while they had undertaken some incident training, had yet to complete their Root Cause Analysis (RCA) training. Finally, the Quality and Systems Officer, who is responsible for overseeing the division's incident reporting, did not receive an initial notification of an incident.	Potential risk of: • Risks materialise as they have not been identified or appropriately investigated.

Recommendations		Priority
2.1	Management should ensure incidents are managed in accordance with the required timescales.	
2.2	Documentation relating to lessons learnt and related actions plans should be appropriately documented.	**Medium**
2.3	Staff should complete all relevant training.	
2.4	The Quality and Systems Officer should be added to the initial notification list.	

Agreed Management Action		Target Date	Responsible Officer
2.1	SOP signed off by SMT	13 June 2023	SMT via Head of Operations

	-Develop and set up further training days to all staff around the processes and management of Incidents -Develop and set up root cause analysis training for staff		
2.2	Ensure as part of the training programme that equal importance is emphasised on documenting the lessons learnt even if deemed minor learnings.	13 June 2023	Head of Operations
2.3	Identify training gaps with staff and develop a programme of ongoing training to maintain competency	13 June 2023	Head of Operations
2.4	Ensure the new Datix system has been updated to send notification of incidents to the Quality and systems officer	13 June 2023	Head of Operations
2.5	Perform an internal Audit review for incident reporting to ensure compliance against divisional and organisational standards for 2023/2024	May 2024	Head of Operations via Quality and systems officer and report to SMT

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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