Duty of Quality

Final Internal Audit Report

2024/25

Public Health Wales NHS Trust

Substantial Assurance

Contents

Review Reference	PHW-2425-09
Fieldwork	January – March 2025
Executive Sign Off	9 April 2025
Audit Committee	May 2025
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Executive Summary

Purpose

The Duty of Quality (the 'Duty') came into force on 1 April 2023 and affects all NHS Wales organisations in their health-related functions. The Duty aims to improve the quality of healthcare services and improve the health outcomes for people in Wales. In discharging the Duty, NHS bodies are required to consider the Health and Care Quality Standards (the 'Standards') when making decisions about health services to help secure improved outcomes.

The overall scope of the review was to consider Public Health Wales NHS Trust's (the Trust's) approach for implementing the Duty of Quality.

Overview

We have concluded substantial assurance on this area. We have identified three findings requiring management attention that include:

- Quality Oversight Group (QuOG) term of reference requires ratification and amending to strengthen quality oversight.
- The QuOG Action log does not comply with best practice and requires improvement.
- There is scope for the QuOG to consider lessons learnt and function as a forum to share these wider with directorates, divisions and teams of the Trust.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

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Scope & Assurance Summary

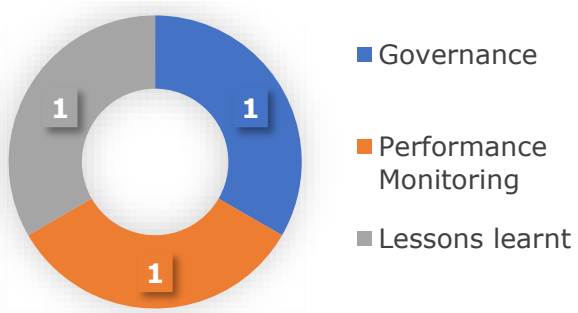
	Objectives*	Related Findings	Assurance
1	Appropriate duty of quality policies, procedures and strategies are in place and their application operates in line with Welsh Government guidance.	-	**Substantial**
2	Trust wide training and ongoing support is in place to help staff meet their duty of quality responsibilities.	-	**Substantial**
3	Robust processes, as part of the Trust's quality management systems and plans, are in place to ensure the Trust complies with the duty of quality.	1,2,3	**Reasonable**
4	Clear and effective governance, reporting and escalation mechanisms are in place at appropriate levels within the Trust.	-	**Substantial**

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

Management Actions

0	3
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Choose an item.

Choose an item.

Findings & Agreed Action Plan

Objective 1: Appropriate duty of quality policies, procedures and strategies are in place and their application operates in line with Welsh Government guidance.	Substantial

Overview / Summary of Observations

Our review has established that the Trust has appropriate duty of quality policies, procedures and strategies in place that operate in line with Welsh Government guidance.

The Trust's Long-Term Strategy (2023-2035) and Integrated Medium-Term Plan (2024-2027) reference objectives aligned to the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

In addition, the Trust's clinical governance framework provides a roadmap for compliance and continuous improvement to their Health and Care Quality Standards. Key milestones achieved to date include the establishment of the Quality Oversight Group (QuOG), and the ongoing rollout of the online quality compliance self-assessment management platform.

Objective 2: Trust wide training and ongoing support is in place to help staff meet their duty of quality responsibilities.	Substantial

Overview / Summary of Observations

Our review established the Trust provides adequate training and ongoing support to help staff meet their duty of quality responsibilities. Duty of quality training related modules, such as the Duty of Candour, Duty of Quality and Health and Safety, are mandated by the Trust.

Training modules are available online and additional information is provided via the intranet, training sessions, roadshows and work placed posters. A review of the training records confirm that the current levels of training compliance meets the Welsh Governments target of 85%.

Objective 3: Robust processes, as part of the Trust's quality management systems and plans, are in place to ensure the Trust complies with the duty of quality.	Reasonable

Overview / Summary of Observations

The Trust has a clinical governance framework that defines key areas of responsibility, together with a structured reporting hierarchy that feeds into the Trust's Board.

Oversight of the Duty of Quality is mandated under the terms of reference of the Quality Safety and Improvement Committee (QSIC) and in the draft ToR of the Quality Oversight Group (QuOG). The QuOG was formed in September 2024 and operates as a structured discussion, oversight, and learning group with no decision-making or delegated responsibilities. The group supports the Business Executive Team (BET) and the Quality, Safety and Improvement Committee (QSIC) in ensuring there is clear, consistent strategic direction in terms of quality. We note that QuOG reports into the National Director of Health Protection and Screening Services (HPSS) and the Executive Director of Nursing and Quality.

The Trust continues to improve its quality systems and at the time of our fieldwork was rolling out a duty of quality oversight SharePoint site. The aim of this site is to provide management with a Trust wide hierarchical view of the level of compliance with the Welsh Government's six key quality enablers.

The control environment includes continuous benchmarking with directorates responsible for undertaking self-assessments against the 12 quality assurance standards and agree action plans to drive improvements. This also compliments ESR enabled training and PDR compliance reporting. The roll out of the initial benchmarking exercise is due to be completed by the end of March 2025.

Our review of key documentation identified some areas for improvement, which includes strengthening the term of reference for QuOG and maintaining clear records for committee papers, such as for action logs. In addition, from our review of the QuOG minutes we did not see evidence of lesson learning being shared.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Terms of reference of the Quality Oversight Group (QuOG)** The QuOG has a draft ToR. We read the draft ToR and note that the group operates as a structured discussion, oversight, and learning group, with no decision-making or delegated responsibilities. Attendance is not mandatory and so there is no quoracy. There is a risk that without an agreed term of reference, setting out quoracy, the group could experience reduced participation, limiting its ability to meet its objectives. One objective of the group is to ensure active engagement from all directorates/divisions.	The group does not have an agreed terms of reference which could result in the group not meeting its objectives. Attendees are unsure of their responsibilities under the ToR Actions Are not undertaken in a timely manner and senior management are unaware of the risk.	**Agreed Action:** THE QuOG draft ToR will be reviewed and revised to include an agreed quoracy, and to define the responsibilities of core and member attendees as appropriate. We will then appropriately finalise the ToR. **Expected Evidence of Implementation:** Appropriate documentation

	Furthermore, the draft ToR is not clear on the distinction between 'core' and 'member' attendees. Also, there appears to be a lack of clarity in terms of group oversight, such as through the Business Executive Team (BET) or quality Safety and Improvement Committee. (QSIC).	**Medium Priority**	**Officer:** Quality Oversight Group (QuOG) Co-Chairs • Executive Director of Nursing, Quality and Integrated Governance and • National Director of Screening and Health Protection Services/Medical Directorate) **Date:** June 2025
	Theme: Performance Monitoring	Control Design	
2	**QuOG action log governance** An action log spreadsheet is maintained by the QuOG. Our review of the QuOG action log for February 2025 identified a number of issues with the recordkeeping: • Actions arising from previous meetings had been marked as closed/completed however had limited narrative to substantiate what had been done for the action to be closed. • Narrative for closure of actions was not always consistent with the closure comments noted within the meeting minutes. • Actions marked as closed/completed did not always have a closure date. • Actions raised in the meetings were not always recorded within the action log.	Poor record keeping hinders clear auditable oversight, lessons learnt and the retention of institutional knowledge.	**Agreed Action:** The Action Log will be updated to accurately reflect their status. Action owners will be named in full. Clear auditable records will be maintained.
			Expected Evidence of Implementation: Up to date action log for the QuOG
		Medium Priority	**Officer:** Quality Oversight Group (QuOG) Administrator **Date:** June 2025
	Theme: Governance	Control Operation	

3	**QuOG remit - Lessons learnt and shared learning** Part of the QuOG's remit is to share learning on quality matters. This includes: • Considering relevant quality updates from directorates, divisions, and functions to support improvement and learning. • Identifying and acting on learning from patient safety incidents, concerns, complaints, and claims which, together with good practice are shared across the organisation. • Facilitate the thematic analysis and triangulation of learning from patient safety incidents, feedback from patients and staff, concerns, complaints, and claims. While we acknowledge that the QuOG is a relatively new group, we did not see evidence of lessons learning/sharing from our review of the QuOG minutes.	Failure to effectively capture, share and use lessons learned to improve the overarching quality management system **Medium Priority**	**Agreed Action:** The QuOG will fulfil its remit to identify, monitor and share lessons learnt across the directorates, divisions and teams of the Trust as mandated within its terms of reference. **Expected Evidence of Implementation:** Lessons learnt and shared learning to feature as a standing agenda item and any actions to be undertaken within this space to be captured as part of the action log. **Officer:** Quality Oversight Group (QuOG) Co-Chairs • Executive Director of Nursing, Quality and Integrated Governance and • National Director of Screening and Health Protection Services/Medical Directorate) **Date:** June 2025
	Theme: Lessons Learnt	Control Operation	

Objective 4: Clear and effective governance, reporting and escalation mechanisms are in place at appropriate levels within the Trust. Robust processes, as part of the Trust's quality management systems and plans, are in place to ensure the Trust complies with the duty of quality.	**Substantial**

Overview / Summary of Observation

Our review has established that the Trust has a clearly defined clinical governance framework that complies with its term of reference. This includes a committee/ group hierarchy and operational based self-assessment, quality controls and risk assessments.

Independent oversight is provided by internal and external clinical audits, and complaints and incident reporting feedback loops. Which are integrated to help drive quality improvements in compliance with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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