

Health Protection and Screening Services – Performance metrics

Final Internal Audit Report

2024/25

Public Health Wales NHS Trust



Reasonable Assurance

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Review Reference

PHW-2425-06

Fieldwork

November 2024 – February 2025

Executive Sign Off

25 February 2025

Audit Committee

March 2025

Executive Lead

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Executive Summary

Purpose

The overall scope of our review was to consider the Health Protection and Screening Service directorate (HPSS or the 'directorate') performance metrics setting process, which was undertaken in 2024. Our review included how metrics were derived and how they are having impact.

Overview

Over the past 18 months Public Health Wales NHS Trust (the 'Trust') has undertaken work to review and enhance its performance management framework. This included a refresh of the performance and insight report, which focuses on delivering actionable insights and assurance, whilst identifying areas for improvement. As part of this work, HPSS has reviewed its performance reporting framework with a view to refresh its suite of performance metrics, to better reflect and represent the performance and service delivery of the directorate. The HPSS directorate consists of the following teams/divisions:

- The central operations team.
- Infection/microbiology division.
- Screening services division.
- Health protection division.
- Office of medical directorate (OMD) team.
- Emergency, Preparedness and Resilience and Response (EPRR) team.

In June 2024, proposed metrics for the HPSS directorate were considered by the Trust's Business Executive Team (BET) with a final suite of metrics to be reported in the performance and insight report.

We met with senior, operational and clinical management across the directorate and reviewed documentation for the decision-making groups of the directorate. We have concluded reasonable assurance on the performance metrics setting process. The key matters requiring management attention are:

- HPSS has developed a metrics dashboard to collate divisional and directorate metrics, although information relating to the reporting lag: the time taken between data extraction and reporting, is not recorded. Without this information the impact of any delayed may not be identified.
- As part of identifying metrics, divisions sought input from their operational teams. However, a clear rationale why a metric has been used was not always in place.
- The Directorate had not agreed metrics for the Office of Medical Directorate team. We also note that a number of metrics for the EPRR team are still in development.
- Infection division performance metrics are not a standing agenda item at the divisional senior management team meetings.
- Performance metrics do not clearly link to the overarching objectives of the directorate and its divisions.
- The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis.

The following opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- Consideration be given to embedding a more dynamic approach to metrics reporting whereby metrics that are consistently achieving their target are replaced on the Performance and Insight Report to allow greater focus on other areas.

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

Scope & Assurance Summary

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

Related Findings

Assurance

1	The metrics setting process has been adequately undertaken with discussions and the input of senior management and operational teams from the relevant divisions.	1,2,3	Limited
2	The agreed metrics align to the priorities and objectives of the divisions and the wider directorate.	4, 5	Reasonable
3	Robust arrangements are in place ensuring accurate performance reporting through data integrity and validation.	6	Reasonable

Management Actions

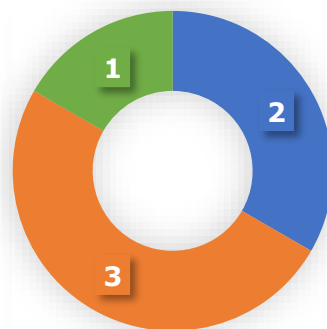


High Priority



Medium Priority

Themes



- Planning, Delivery & Deadline Management
- Performance Monitoring
- Information, Data Quality & Data Accuracy

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: The metrics setting process has been adequately undertaken with discussions and the input of senior management and operational teams from the relevant divisions.

Limited

Overview/Summary of Observations

HPSS has worked to refine its performance management and reporting arrangements. A key element of this has been the 'refresh' of directorate and divisional metrics. Metric setting work was overseen by the central operations team, in coordination with management from the directorate's divisions. The Trust's strategy and planning team were also involved as they are responsible for collating the metrics for the performance and insight report.

The directorate has made progress refining its metrics and has followed the duty of quality STEEEP framework (Safe, Timely, Effective, Efficient, Equitable and Persons centred). However, we saw limited documentation to substantiate the rationale for metrics across the three divisions, or for those metrics included in the performance and insight report. At the time of our fieldwork, there were 68 metrics reported in the HPSS dashboard, which is used for directorate management meetings, of which 15 were also reported in the Trust's performance and insight report.

Management note that additional work is required to enhance performance reporting within the directorate, which was confirmed by our testing. We identified:

- The HPSS metrics dashboard provides a snapshot of operational and service delivery metrics for the divisions and their projects/programmes of work. There remains a number of areas in the dashboard that are in development. For example, capturing information about the reporting time lag.
- A number of metrics remain 'on-hold', and are aspirational at this stage, which include metrics for the EPRR team.
- At the time of our fieldwork, no metrics had been developed for the OMD.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 HPSS Metrics Dashboard</p> <p>The dashboard field for 'reporting lag' (the time taken from when the data is available to when it needs to be added to the performance and insight report) had not been completed for the metrics. The impact of the reporting lag on the timeliness of reported data needs to be considered.</p>	<p>Inaccurate/ineffective performance monitoring and reporting</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <p>Management will ensure that the reporting lag field is completed in the HPSS metrics dashboard.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Dashboard completed.</p> <hr/> <p>Officer: HPSS directorate</p> <p>Target Implementation Date: 30 June 2025</p>

	Theme: Performance Monitoring	Control Operation	
2	<p>Metric selection rationale</p> <p>To get feedback, each division has shared its proposed metrics at their respective senior management team. These were then put forward for inclusion in the directorate’s suite of metrics.</p> <p>However, we did not see clear documented evidence of the process undertaken to select divisional metrics. Such information would help the directorate level decision-making process when deciding to adopt metrics and include them within the performance and insight report.</p> <p>In addition to the 68 reported metrics, a further 34 have been placed ‘on-hold’. We understand that more work is required to assess their relevance, the key sources of data, and the feasibility of reporting.</p>	Inaccurate/ineffective metrics monitoring leading to poor decision making	<p>Agreed Action:</p> <p>Metrics setting process undertaken by the divisions would benefit from documenting the following for each metric chosen:</p> <ul style="list-style-type: none"> • Relevance/rationale for choosing the metric - goals/objectives for which the metric aims to monitor and reason why it is important. • Standard/targets – Whilst targets have been set for each metric, there is no description as to why or how the targets were chosen. • Assessment of data sources available for chosen metric. • Data collection methodology and limitations (if any). <p>The above information should be presented at the Directorate Management Team for review/approval onto the HPSS Metrics Dashboard and Performance and Insight Report (if applicable).</p> <p>Develop areas of the HPSS Metrics Dashboard further including the assessment of feasibility of the 34 metrics on-hold.</p> <p>Expected Evidence of Implementation:</p> <p>Metrics rationale documentation.</p>
	Theme: Performance Monitoring	Control Design	
3	<p>OMD and EPRR metrics</p> <p>At the time of our fieldwork we note that the Directorate had not agreed metrics for the Office of Medical Directorate team. We also note that a number of metrics for the EPRR team are still in development.</p>	Inaccurate/ineffective metrics monitoring leading to poor decision making	<p>Agreed Action:</p> <p>Work be undertaken to identify reportable metrics for from the Office of Medical Directorate and the Emergency, Preparedness and Resilience and Response division.</p> <p>Expected Evidence of Implementation:</p> <p>Updated HPSS Metrics Directorate Dashboard and Performance and Insight Report (if applicable)</p>
	Theme: Performance Monitoring	Control Design	

High Priority

Medium Priority

Overview / Summary of Observations

The Integrated Medium-Term Plan (2024-27) sets out the Trust’s strategic objectives, the milestones for delivery, and the directorates responsible for delivery, including the HPSS directorate. In addition, the HPSS directorate’s executive lead has agreed three overarching directorate objectives, which are:

- Provide Excellent Services and Innovative Practice - We will deliver safe, high quality and equitable health protection, microbiology and screening services
- Create a Multidisciplinary, Diverse and Engaged Workforce - We will Invest in our workforce and support the development of innovative practice through a skilled, multidisciplinary and diverse workforce
- Nurture Integration, Programmes and Strategic Partnerships - We will develop integrated ways of working, establish a programmed approach for key areas of work and collaborate with other stakeholders at a local, national and global level.

The metrics within the HPSS dashboard align to programmes of work within the divisions, but we did not see a clear documented link between the metrics and the priorities or objectives of the three divisions, or the directorate IMTP milestones.

There are performance monitoring arrangements in place for the programmes of work of the directorate and its divisions. Operational teams monitor progress on a day-to-day basis. More formal reporting and scrutiny takes place at the senior management team meetings within the divisions, and at the monthly directorate management team where the metrics dashboard is a standing agenda item. However, divisional metrics are not a standing agenda item within the Infection Division’s senior management team unlike the other divisional senior management team agendas.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Infection Division metrics reporting</p> <p>The metrics for the Infection Division do not feature as a standing agenda item at these meetings of the senior management team.</p>	<p>A lack of clear and consistent direction, accountability and leadership with respect to governance.</p>	<p>Agreed Action:</p> <p>Infection division metrics be included as a standing agenda item to the divisional Senior Management Team meetings</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Infection Division Senior Management Team minutes confirming the addition of metrics as standing agenda items</p>
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Head of Operation (Infection Division)</p> <p>Target Implementation Date: 30 June 2025</p>
<p>5 Metrics alignment with Directorate/Divisional objectives</p>		<p>Agreed Action:</p>

Following our review of the HPSS metrics dashboard and discussions with staff from the directorate, we were unable to confirm how the directorate's metrics clearly link to the three overarching directorate objectives or the IMTP.

A lack of clear and consistent direction, accountability and leadership with respect to governance.

Undertake an exercise to clearly link directorate and divisional metrics to the three overarching directorate objectives and the IMTP. Further work to build a directorate plan that includes information on how performance against the strategy will be monitored and how the metrics link to these.

Expected Evidence of Implementation:

Clear link/mapping of metrics to directorate objectives

Medium Priority

Officer: HPSS directorate

Target Implementation Date: 30 June 2025

Theme: Planning, Delivery & Deadline Management

Control Design

Overview / Summary of Observations

The directorate has arrangements in place for monitoring the performance of its services. At an operational level, divisions have datasets on performance, quality, and safety, which are monitored at both divisional and directorate level.

In some instances the Trust receives data from external NHS sources such as screening programme data, for which there are agreements in place. We also note that within the health protection division, the surveillance and outbreak programmes are not supported by databases so manual workarounds are applied such as the use of spreadsheets to create single datasets (data blending practices). However, we saw evidence of data integrity and validation checks when data received by the directorate was used for reporting and when datasets were being compiled from several sources.

We understand that a number of systems/databases, including the Laboratory Informatics Management System (LIMS), have become outdated, which may cause future integrity problems. Some of these systems were procured on an All-Wales basis and can only be replaced in collaboration with other NHS organisations.

We identified instances when stringent timelines for providing metric information for reporting into the performance and insight report limited the time available for scrutiny and review of the performance data at appropriate levels before submission for reporting.

We acknowledge that the Trust is aware of these challenges and through the digital and data strategy, has identified a number of opportunities for digital improvement, and building relationships to establish robust and ongoing collaboration within the directorate and across the organisation (including the digital team) and wider partners.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Reporting timescales</p> <p>The reporting deadlines for submitting information for inclusion in the performance and insight report does not align with the dates for which screening services data is available. As such, there is limited time for appropriate scrutiny and analysis by the divisions and wider directorate.</p> <p>We saw instances where heads of programmes had limited time to extract, collate and summarise the data for inclusion within the performance and insight report. For example, the January 2024 screening services metrics data was not available for scrutiny until the reporting deadline day.</p>	<p>A lack of clear and consistent direction, accountability and leadership with respect to governance.</p>	<p>Agreed Action:</p> <p>The Directorate needs to consider the impact of reporting time lags being experienced with some of the metrics, more specifically within Screening.</p> <p>Amendments to the current process need to allow for comprehensive and timely scrutiny of the metrics data at divisional and directorate level prior to being reported to BET/Committees and Board.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Enhanced metrics reporting arrangements.</p>

	Medium Priority	Officer: HPSS directorate Target Implementation Date: 30 June 2025
Theme: Information, Data Quality & Data Accuracy	Control Design	

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.

Website:



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